

(a) Permitting Administrative Multi-Form

Use for NSR administrative permit revisions (including GCPs), TV administrative amendments, TV responsible official notifications, and other submittals required by a permit condition. Refer to Section 4 for instructions, acronyms, and mailing addresses.

| | | |
|--|---|---------------------------------|
| For Department use only: |  | For Department use only: |
| Reviewed by: | | Received Date |
| Permit revision number: | | RECEIVED |
| Date: | | FEB 25 2022 |
| <input type="checkbox"/> Approved <input type="checkbox"/> Completed <input type="checkbox"/> Denied | | Air Quality Bureau |

Section 1: General Information – Required for All Submittals

| | | | |
|--|---|---|--|
| 1 | Facility Name: Sterigenics U.S., LLC – Santa Teresa Facility | | |
| 2 | Preparer/Consultant Name: Joseph Ulfig | Title: EHS Manager | |
| 3 | Email: julfig@sterigenics.com | Phone: 630-928-1710 | |
| 4 | Address: 2400 Airport Road, Santa Teresa, NM 88008 | | |
| 5 | Air Permit Contact: Joseph Ulfig | Title: EHS Manager | |
| 6 | Email: julfig@sterigenics.com | Phone: 630-928-1710 | |
| 7 | Address: 2015 Spring Road, Suite 650, Oak Brook, IL 60523 | | |
| 8 | Check all boxes below for which this submittal applies: | AI #: 127-PRN | Permit #: 0733-M15-R2 |
| <input checked="" type="checkbox"/> NSR Construction Permit (20.2.72 NMAC) | | <input type="checkbox"/> NOI (20.2.73 NMAC) (Sections 2-B, 2-D) | <input type="checkbox"/> PSD Permit (20.2.74 NMAC) |
| <input type="checkbox"/> TV Operating Permit (20.2.70 NMAC) | | <input type="checkbox"/> Notice of Exemption (20.2.72.202.B NMAC) (Section 2-F) | <input type="checkbox"/> Nonattainment Permit (20.2.79 NMAC) |

Section 2: Details of Submittal

Only print and submit the pages necessary for your submittal. Print double sided head-to-toe, flip on short end (tablet). The Permit Section responds to all TV Administrative amendments and responds only to denials of NSR administrative revisions. Courier proof of delivery is required if you want confirmation that the Department received this submittal. Check the box(es) applicable to this submittal:

- | | |
|---|---|
| <input type="checkbox"/> <u>2-A(i) & 2-A(ii): Identical Engine or Turbine Replacements</u> | <input type="checkbox"/> <u>2-F: Reporting Exempt Equipment for Minor Construction Permits or for No Permit Required (NPR) Facilities</u> |
| <input type="checkbox"/> <u>2-B: Owner, Operator, and Name Changes to NOIs or Construction Permits</u> | <input type="checkbox"/> <u>2-G: Add Minor NSR Exempt Equipment to Construction Permits for PSD or Nonattainment Sources</u> |
| <input type="checkbox"/> <u>2-C: Ownership or Operational Control Changes for Title V Permits</u> | <input type="checkbox"/> <u>2-H: Title V Responsible Official Designations</u> |
| <input type="checkbox"/> <u>2-D: Closing a Facility or Removing Units from a Permit or Canceling an NOI</u> | <input checked="" type="checkbox"/> <u>2-I: Submittals to the Permit Programs Manager</u> |
| <input type="checkbox"/> <u>2-E: Correct Typographical Error</u> | <u>Section 3: Certification – Required for All Changes</u> |
| | <u>Section 4: Form Instructions</u> |

Section 2-I: Submittals to the Permit Programs Manager

As Required by Permit Conditions or Other Regulations

(Notification or Administrative Revision)

Use this section for submittals to the Permit Programs Manager of notifications or administrative permit revisions/amendments required by permit conditions that do not correspond with any other section of this submittal form. Explain your request, including any permit condition or regulatory citations that requires this submittal, and include the necessary attachments.

For example:

- Your permit has a condition that allows a specific change through an administrative revision.
- Your permit has a condition that requires submittal of information to the attention of the Permit Programs Manager such as a good combustion practice plan.
- A condition that allows a deadline to be extended through an administrative permit revision.
- Notification per General Condition B116 Short Term Engine Replacement
- Notification of TV Operating Permit Section 502(b)(10) Changes (20.2.70.302.H(1) NMAC).
 - Before submitting a 502(b)(10) change request, contact the Major Source Program Manager or the TV Program Manager to discuss what information should be included in the request to ensure that the request is federally enforceable if enforceable limits are needed to avoid a construction permit application. Visit www.env.nm.gov/air-quality/permitting-section-home-page/ for contact information.
 - If the change must be made immediately, you may send the request by email to the appropriate manager listed on the web page.

The Sterigenics Santa Teresa facility was granted a new facility permit, 0733-M15-R2, issued on June 11, 2021, to allow for various projects at the site. Sterigenics has recently completed the installation of a vacuum pump for Chamber 1 (S-1) associated with that permit revision. Sterigenics has also recently conducted a like-for-like replacement of the vacuum pump for Chamber 10 (S-10). Per permit condition B110(C)(1), the permittee shall notify the Department's Permitting Program Manager, in writing, of any equipment substitutions within fifteen days of such change. This submittal intends to fulfill this permit requirement.

Information on the newly installed equipment is summarized below:

| Vacuum Pump (Unit) | Make | Model | Serial Number | Date of Manufacture | Initial Date of Operation | Manufacturer's Rated Capacity | Requested Permitted Capacity |
|--------------------|--------|---------------|---------------|---------------------|---------------------------|-------------------------------|------------------------------|
| Chamber 10 (S-10) | Dekker | DV055D-KB2 | 29288 | March 9, 2018 | February 11, 2022 | 550 cfm | 550 cfm |
| Chamber 1 (S-1) | Busch | NC 1000 B Q06 | CHM121120061 | 2021 | February 19, 2022 | 589 cfm (1000 m3/hr) | 250 cfm |

Notes:

- The Chamber 1 vacuum pump was installed with an orifice plate that limits the maximum volumetric flow to values below levels listed on the unit boilerplate information, to the maximum flow rate listed as requested permitted capacity. This flow rate is equivalent to the maximum level of the previously installed vacuum pump.

- Both vacuum pumps were capable of achieving their maximum production rate upon the initial date of operation, so the date that maximum production rate was achieved coincides with the initial date of operation.

Section 3: Certification – Required for All Submittals

Company Name: Sterigenics, U.S., LLC

I, Kevin Wagner, hereby certify that the information and data submitted in this application are true and as accurate as possible, to the best of my knowledge and professional expertise and experience.

Signed this 24th day of February, 2022, upon my oath or affirmation, before a

notary of the State of Illinois



Signature¹

24-FEB-2022

Date

Kevin Wagner

Printed Name

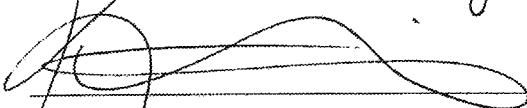
Vice President, EHS

Title

Scribed and sworn before me on this 24 day of February, 2022

My authorization as a notary of the State of Illinois expires on the

02 day of February, 2024



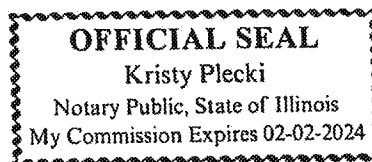
Notary's Signature

02/24/2022

Date

KRISTY PLECKI

Notary's Printed Name



¹ For Title V applications, the signature must be of the Responsible Official as defined in 20.2.70.7.AE NMAC.